

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90017 004 ***150.00

0048595

DOCUMENT # K24720

1. Entity Name

SPARTY SPARTAN, INCORPORATED

Principal Place of Business

**373 GOLDSTONE COURT
 LAKE MARY FL 32795**

Mailing Address

**373 GOLDSTONE COURT
 LAKE MARY FL 32795**

C0038597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

357 Goldstone Ct

Suite, Apt. #, etc.

3. Mailing Address

357 Goldstone Ct.

Suite, Apt. #, etc.

City & State

Lake Mary FL

Zip

32746

Country

Seminole

City & State

Lake Mary FL

Zip

32746

Country

Seminole

4. FEI Number

59-2893595

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRILL, TINA MARIE
 373 GOLDSTONE CT.
 LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

Curtis D. Smith

Street Address (P.O. Box Number is Not Acceptable)

357 Goldstone Ct.

City

Lake Mary

FL

Zip Code

32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Tina Marie Brill President Tina Marie Brill 3-18-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | BRILL, TINA MARIE | |
| STREET ADDRESS | 373 GOLDSTONE COURT | |
| CITY-ST-ZIP | LAKE MARY FL | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | BRILL, GREG | |
| STREET ADDRESS | 373 GOLDSTONE COURT | |
| CITY-ST-ZIP | LAKE MARY FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BERNHARDT, JOHN G | |
| STREET ADDRESS | 4671 HAIST ROAD | |
| CITY-ST-ZIP | ELKTON MI | |
| TITLE | Director of Operations | <input type="checkbox"/> Delete |
| NAME | Curtis D. Smith | |
| STREET ADDRESS | 357 Goldstone Ct. | |
| CITY-ST-ZIP | Lake Mary FL 32746 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Director of Operations | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Curtis D. Smith | |
| STREET ADDRESS | 357 Goldstone Ct. | |
| CITY-ST-ZIP | Lake Mary FL 32746 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tina Marie Brill Tina Marie Brill President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-01 323 2777

CR2E034 (10/00)